

## Substance Use Data for Identified Health Issues of Concern for the Lewis and Clark County Community Health Improvement Plan

Topic	Size	Comparison to MT and US	Seriousness	Trends	Groups more affected (Health Disparities)	HP 2020 Target
<b>Substance Use</b>						
<b>Alcohol</b>						
Alcohol Abuse /Heavy Drinking	8.7% (adults) <sup>1</sup>	MT: 7.7% US: 6.2%	High blood pressure, heart disease, stroke, liver disease, and digestive problems. Cancer of the breast, mouth, throat, esophagus, liver, and colon. Learning and memory problems, including dementia and poor school performance. Mental health and social problems. <sup>2</sup>	↗ in county compared to 2011 (6.5%)	Young adults (18 to 24)	N/A
Binge Drinking	Adults: 24.1% (2013) <sup>3</sup> Youth: 19.0% (better than state and country) Youth: 20.1% (higher than state and country) 2014 MPNA	Adults MT: 20.8%, US: 16.8% Youth: MT 23.5% US: 20.8% 8 <sup>th</sup> gr CO: 8.1% MT: 7.7% US: 5.1% 10 <sup>th</sup> gr CO: 20.4% MT: 19.8% US 13.7% 12 <sup>th</sup> gr CO: 33.2% MT: 32.5% US 22.1%	Associated with Unintentional and Intentional injuries, alcohol poisoning, STDs, Unintended pregnancy, Children born with <a href="#">Fetal Alcohol Spectrum Disorders</a> , High blood pressure, stroke, Liver disease. <sup>4</sup>	↗ in county for adults compared to 2011 (19.6%)- may not be statistically significant ↓ for youth compared to 2011 (27.8%)	In Montana, adults with higher levels of education, without disabilities and younger adults are more likely to report binge drinking. <sup>5</sup>	Target: 25.4-percent of adults and 9.5% of adolescents reported that they drank excessively in the previous 30 days (From National Survey on Drug Use and Health)- Montana adults are at 27% in 2013 for this measure
Topic	Size	Comparison	Seriousness	Trends	Groups more	HP 2020 Target

<sup>1</sup> CHA page 15

<sup>2</sup> <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

<sup>3</sup> CHA Page 15

<sup>4</sup> <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>

<sup>5</sup> Montana BRFSS 2014. <http://dphhs.mt.gov/publichealth/BRFSS/MTDataQuery.aspx>

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		to MT and US			affected (Health Disparities)	
Culture of alcohol over use and binge drinking	Data?					
Underage drinking	Currently drinking: 36.2% <sup>6</sup>  33.3% 2014 MPNA	MT: 37.1% US: 34.9% 8 <sup>th</sup> gr CO: 15.7% MT: 15.6% US: 10.2% 10 <sup>th</sup> gr CO: 35.2% MT: 36.2% US 25.7% 12 <sup>th</sup> gr CO: 50.6% MT: 51.1% US 39.2%		↓ Percent of HS students who currently drink alcohol in MT has decreased since 2005.	Older adolescents	N/A
Drinking and driving	Youth: Drove while drinking alcohol 12.6%  7.6% 2014 MPNA	MT: 12.6% US: 10.0% 23% of Montana youth report riding with a driver who had been drinking in last 30 days 23.2% 2014 MPNA	932 deaths from drunk driving in MT from 2003-2012. In 2014, Montana 49% of the drivers killed on Montana roads had an elevated blood alcohol level, the highest in the nation. <sup>7</sup>	↓ Percent of HS students who report driving with someone who had been drinking has decreased since 2005.	Montana 21-34 year olds alcohol involved deaths more than 3 times higher than national average. <sup>8</sup> Males have a higher death rate.	Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities to 0.38 per 100 million vehicle miles. (no comparison data)

<sup>6</sup> CHA Page 15

<sup>7</sup> <http://www.iihs.org/iihs/topics/t/general-statistics/fatalityfacts/state-by-state-overview>

<sup>8</sup> [http://www.cdc.gov/motorvehiclesafety/pdf/impaired\\_driving/drunk\\_driving\\_in\\_mt.pdf](http://www.cdc.gov/motorvehiclesafety/pdf/impaired_driving/drunk_driving_in_mt.pdf)

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Topic	Size	Comparison to MT and US	Seriousness	Trends	Groups more affected (Health Disparities)	HP 2020 Target
Tobacco						
Tobacco use	Adults: Current cigarettes-18.9% Smokeless tobacco-7.1% Youth: Current cigarettes: 18.4%, 9% past 30 days 2014 MPNA Smokeless tobacco: 13.1% 10% past 30 days 2014 MPNA	Adults: Cig. in MT 19.0%, US 19.0% Smokeless Tobacco MT 8.0%, US 4.3% Youth:Cigarette s: MT: 15.2%, US 15.7% Smokeless: MT: 13.4%, US 8.8%	Tobacco use linked to heart disease, stroke, asthma, COPD, lung cancer and other leading causes of death. Lewis and Clark County has a lung cancer death rate of 51.0 per 100,000 compared to 45.1 for MT and 48.4 for the US.	Tobacco use overall has ↓ (though smokeless tobacco use has remained steady for HS students),	American Indians and low SES individuals more likely to smoke along with younger adults, older and male adolescents and those with disabilities.	Adults: Cigarettes <b>12.0%</b> Smokeless tobacco <b>0.3%</b> Youth: Any tobacco use in past month : <b>21%</b>
Tobacco cessation <b>Data?</b>						
E-cigarettes (no data for adults)	29.5% of HS students report electronic tobacco use in the last 30 days. <sup>9</sup> Any tobacco use in past month: 38.5%	US data not available for 2015 (first time e-cigarette question asked)	Tobacco use linked to heart disease, stroke, asthma, COPD, lung cancer and other leading causes of death. Lewis and Clark County has a lung cancer death rate of 51.0 per 100,000 compared to 45.1 for MT and 48.4 for the US.	↗Electronic tobacco use is an emerging public health concern.	Older high school students, Native Americans and males are more likely to report using electronic cigarettes.	N/A
Topic	Size	Comparison	Seriousness	Trends	Groups more	HP 2020 Target

<sup>9</sup> 2015 YRBS Full Report, OPI Website.

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Drugs						
Methamphetamine (no data for adults)	No local data Youth: 30-day use .3% 2014 MPNA	Youth MT: Lifetime use: 3.6% US: 3.2%	Addiction, withdrawal, Significant anxiety, confusion, insomnia, mood disturbances, and violent behavior. Psychotic features. <sup>10</sup>	Reported meth HS students ↓ in MT since 2005. 30 day use has doubled from 2010-2014 from .2% to .4% in 8 <sup>th</sup> graders; 0 to .7% in 12 <sup>th</sup> graders. Lifetime use has increased in all grades 2010 to 2014	Alternative high school students	N/A
Heroin (no data for adults)	No local data .5% for youth 3 day use 2014 MPNA	Youth Lifetime: MT 2.6% US: 2.2% <sup>11</sup>	Imbalances in neuronal and hormonal systems that are not easily reversed. Heroin also produces profound degrees of tolerance and physical dependence. <sup>12</sup>	Reported heroin use for HS students has ↓ in Montana since 2005 More than doubled for 10 <sup>th</sup> grade from 2010 to 2014 (MPNA)	Males	N/A
<b>Topic</b>	<b>Size</b>	<b>Comparison to MT and US</b>	<b>Seriousness</b>	<b>Trends</b>	<b>Groups more affected</b>	<b>HP 2020 Target</b>

<sup>10</sup> <https://www.drugabuse.gov/publications/research-reports/methamphetamine/what-are-long-term-effects-methamphetamine-abuse>

<sup>11</sup> YRBS 2013.

<sup>12</sup> <https://www.drugabuse.gov/publications/research-reports/heroin/what-are-long-term-effects-heroin-use>

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					(Health Disparities)	
Prescription drug abuse (no data for adults)	Youth: Misused prescription drugs-18.6% <sup>13</sup> 30-day use youth Narcotics 2.5% Stimulants 1.8% Sedatives 4% Lifetime use youth Narcotics 7.1% Stimulants 4.5% Sedatives 7.9%	Youth: MT-16.2% US-17.8%	Physical dependence and addiction. <b>Opioids and sedatives/anti-anxiety medication</b> can cause low blood pressure, a slowed breathing rate and potential for breathing to stop, or a coma. Overdose has a significant risk of death. <b>Stimulants</b> can cause dangerously high body temperature, heart problems, high blood pressure, seizures or tremors, hallucinations, aggressiveness, and paranoia. <sup>14</sup> Prescribed drugs have replaced illicit drugs as a leading cause of drug-related overdose deaths (7) <sup>15</sup>	↗ Emerging public health issue-on the rise. Number of individuals seeking treatment for opioid addiction in Montana has skyrocketed in the past 15 years, while treatment seeking for other drugs has remained steady or declined. <sup>16</sup> Sedative use on increase for 10 <sup>th</sup> grade.	Older adolescents, particularly American Indians in Urban settings and those in alternative education. Student athletes show higher use	Reduce the past-year nonmedical use of any psychotherapeutic drug (including pain relievers, tranquilizers, stimulants, and sedatives) to 5.5% (National Survey on Drug Use and Health)
Rate of drug induced deaths	17.0 per 100,000 <sup>17</sup>	MT: 14.9 US: 14.1	147 deaths in 2009. <sup>18</sup>	Montana death rate relatively stable since 2011. ←→	American Indians, middle aged adults and males	11.3
Treatment						
Access to	No local data		Montana is in the bottom 5	Number of		Increase the proportion

<sup>13</sup> CHA Page 15

<sup>14</sup> <http://www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/basics/complications/con-20032471>

<sup>15</sup> <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a27.htm>

<sup>16</sup> [https://www.whitehouse.gov/sites/default/files/docs/state\\_profile-montana.pdf](https://www.whitehouse.gov/sites/default/files/docs/state_profile-montana.pdf)

<sup>17</sup> CHA page 24.

<sup>18</sup> [https://www.whitehouse.gov/sites/default/files/docs/state\\_profile-montana.pdf](https://www.whitehouse.gov/sites/default/files/docs/state_profile-montana.pdf)

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treatment	7.4% of MT adults aged 18-25 needed but do not have access to treatment for illicit drug use and 16.8% need but do not have access to treatment for alcohol use (US comparision-6.4% and 12.2%)	of all states for funding levels for substance abuse treatment. <sup>19</sup>	individuals seeking treatment for opioid addiction in Montana has skyrocketed in the past 15 years, while treatment seeking for other drugs has remained steady or declined. <sup>20</sup>		of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year to 17.6% (do not have data broken out for MT in a way that allows direct comparison)
Treatment for families	Data?				
Methamphetamine treatment	Data?				

<sup>19</sup> <http://www.pewtrusts.org/~media/assets/2015/03/substanceusedisordersandtheroleofthestates.pdf?la=en>

<sup>20</sup> [https://www.whitehouse.gov/sites/default/files/docs/state\\_profile-montana.pdf](https://www.whitehouse.gov/sites/default/files/docs/state_profile-montana.pdf)